

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000072762

Entity Name: VALLE CRUSIS, LLC

Current Principal Place of Business:

4540 SOUTHSIDE BLVD
#202
JACKSONVILLE, FL 32216

Current Mailing Address:

4540 SOUTHSIDE BLVD
#202 ATTN: ALAN ALMAND
JACKSONVILLE, FL 32216 US

FEI Number: 26-0555813

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALMAND, ALAN B
4540 SOUTHSIDE BLVD
#202 ATTN: ALAN ALMAND
JACKSONVILLE, FL 32216 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name ALMAND, ALAN B
Address 4540 SOUTHSIDE BLVD #202
City-State-Zip: JACKSONVILLE FL 32216

Title AUTHORIZED MEMBER
Name LINDA, DAVIS A
Address 4540 SOUTHSIDE BLVD #202
City-State-Zip: JACKSONVILLE FL 32216

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN B. ALMAND

MANAGER

04/27/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date